

## Fill in this information to identify the case:

Debtor name Inspired Concepts, LLC

United States Bankruptcy Court for the: Eastern District of Michigan

Case number (If known): 20-20034

Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ <u>0.00</u>		
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>PNC Bank</u>	<u>Checking</u>	<u>9</u> <u>4</u> <u>8</u> <u>7</u>	<u>\$ 32,500.00</u>
3.2. <u>Fifth Third Bank (Closed)</u>	<u>Checking</u>	<u>1</u> <u>8</u> <u>5</u> <u>5</u>	<u>\$ 0.00</u>
4. Other cash equivalents (Identify all)			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ <u>32,500.00</u>		

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments**

## 6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.  
 Yes. Fill in the information below.

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	Current value of debtor's interest
7.1. <u>See Schedule A/B Part 2, Question 7 Attachment</u>	\$ <u>29,422.00</u>
7.2. _____	\$ _____

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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_  
8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 29,422.00

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.

Yes. Fill in the information below.

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ - face amount \_\_\_\_\_ = ..... → \_\_\_\_\_ \$ \_\_\_\_\_

11b. Over 90 days old: \_\_\_\_\_ - face amount \_\_\_\_\_ = ..... → \_\_\_\_\_ \$ \_\_\_\_\_

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ \_\_\_\_\_

**Part 4: Investments**

**13. Does the debtor own any investments?**

No. Go to Part 5.

Yes. Fill in the information below.

**Valuation method used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_  
14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. KJ Endeavors, LLC 100 % \$ Unknown  
15.2. \_\_\_\_\_ % \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_  
16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

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**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.  
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**20. Work in progress**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**21. Finished goods, including goods held for resale**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**22. Other inventory or supplies**

Food Products \_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ Estimated cost \$ 109,000.00  
\$ \_\_\_\_\_

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**\$ 109,000.00**

**24. Is any of the property listed in Part 5 perishable?**

No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Estimated cost \_\_\_\_\_ Current value **109,000.00**

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops—either planted or harvested**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**29. Farm animals** Examples: Livestock, poultry, farm-raised fish

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**30. Farm machinery and equipment** (Other than titled motor vehicles)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**31. Farm and fishing supplies, chemicals, and feed**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**32. Other farming and fishing-related property not already listed in Part 6**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

**34. Is the debtor a member of an agricultural cooperative?**

No

Yes. Is any of the debtor's property stored at the cooperative?

No

Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

No

Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

No

Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

No

Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b> Leased Misc. Office furnishings included with real property lease	\$ _____	_____	\$ 0.00
<b>40. Office fixtures</b> Lease of Office Copier	\$ _____	_____	\$ 0.00
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b> Lease of Pitney Bowes postage machine	\$ _____	_____	\$ 0.00
<b>42. Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____
<b>43. Total of Part 7.</b>			\$ 0.00
Add lines 39 through 42. Copy the total to line 86.			

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

No

Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No

Yes

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**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

**49. Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment  
(excluding farm machinery and equipment)**  
See Schedule A/B Part 8, Question 50 Attachment

\$ _____	Estimated Liquidation	\$ 119,061.00
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**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$ 119,061.00
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**52. Is a depreciation schedule available for any of the property listed in Part 8?**

No  
 Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No  
 Yes

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Inspired Concepts, LLC  
Name20-20034  
Case number (if known)**Part 9: Real property****54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
See Schedule A/B Part 9, Question 55 Attachment	Leased Real Property	\$ _____	_____	\$ Unknown
55.1				
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
<b>56. Total of Part 9.</b>				<b>0.00</b> \$ _____

**57. Is a depreciation schedule available for any of the property listed in Part 9?** No  
 Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No  
 Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties See Schedule A/B Part 10, Question 62 Attachment	\$ _____	_____	Unknown \$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property Michigan Liquor Control Commission License (See Fixed Asset Sch)	\$ _____	Estimated	170,000.00 \$ _____
65. Goodwill	\$ _____	_____	\$ _____
<b>66. Total of Part 10.</b>			<b>170,000.00</b> \$ _____

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - Total face amount      doubtful or uncollectible amount      = →      \$ \_\_\_\_\_

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_  
**Amount requested** \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_  
**Amount requested** \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No  
 Yes

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## Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 32,500.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 29,422.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 109,000.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 119,061.00	
88. Real property. Copy line 56, Part 9. . . . .	\$ 170,000.00	\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 459,983.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	459,983.00	\$ 459,983.00

## Fill in this information to identify the case:

Debtor name Inspired Concepts, LLC  
 United States Bankruptcy Court for the: Eastern District of Michigan  
 Case number (If known): 20-20034

Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

## 2.1 Creditor's name

Fifth Third Bank

## Describe debtor's property that is subject to a lien

All Asset Lien

Column A  
**Amount of claim**  
 Do not deduct the value of collateral.

Column B  
**Value of collateral that supports this claim**

\$ 2,036,232.00      \$ 400,000.00

## Creditor's mailing address

c/o Michael Messenger, Esq.

433 N. Summit St, Ninth Floor, Toledo, OH

## Creditor's email address, if known

mmessenger@rcolaw.com

Date debt was incurred 10/01/2014

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor,

## Describe the lien

Agreement you made

## Is the creditor an insider or related party?

No  
 Yes

## Is anyone else liable on this claim?

No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

Contingent  
 Unliquidated  
 Disputed

## 2.2 Creditor's name

Mercantile Bank

## Describe debtor's property that is subject to a lien

Liens on FFE located at 4493 E. Blue Grass, Mt. Pleasant, MI

\$ 405,193.00      \$ Unknown

## Creditor's mailing address

c/o Andre Shier, Esq.

99 Monroe Ave. NW, Suite 1100, Grand Ra

## Creditor's email address, if known

acs@msblaw.com

Date debt was incurred 02/08/2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.

## Describe the lien

Agreement you made

## Is the creditor an insider or related party?

No  
 Yes

## Is anyone else liable on this claim?

No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

Contingent  
 Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if 20-20034-dob Doc 157 Filed 05/13/20 Entered 05/13/20 11:01:40 Page 9 of 64      \$ 2,441,425.00

Debtor

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**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**2.3 Creditor's name**  
Michigan Department of Treasury

Describe debtor's property that is subject to a lien

all assets lien

\$0.00

\$0.00

**Creditor's mailing address**

Collections  
PO Box 30199, Lansing, MI 48909

**Creditor's email address, if known**

**Date debt was incurred** 09/17/2019

Describe the lien

**Last 4 digits of account number** 4632

tax lien

**Do multiple creditors have an interest in the same property?**

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**2. Creditor's name**

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Creditor's mailing address**

**Creditor's email address, if known**

**Date debt was incurred**

Describe the lien

**Last 4 digits of account number**

Describe the lien

**Do multiple creditors have an interest in the same property?**

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Debtor Inspired Concepts, LLC  
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**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

## Fill in this information to identify the case:

Debtor Inspired Concepts, LLC  
 United States Bankruptcy Court for the: Eastern District of Michigan  
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 (If known)

Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b>	<b>Priority creditor's name and mailing address</b> Branch County Treasurer 31 Division St. Coldwater, MI, 49036	As of the petition filing date, the claim is: \$ <u>Undetermined</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ _____
	<b>Date or dates debt was incurred</b>  Last 4 digits of account number	<b>Basis for the claim:</b> Taxes & Other Government Units	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>		
<b>2.2</b>	<b>Priority creditor's name and mailing address</b> City of Owosso 301 West Main Owosso, MI, 48867	As of the petition filing date, the claim is: \$ <u>1,712.00</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>1,712.00</u>
	<b>Date or dates debt was incurred</b>  Last 4 digits of account number	<b>Basis for the claim:</b> Taxes & Other Government Units	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>		
<b>2.3</b>	<b>Priority creditor's name and mailing address</b> City of Portage 7900 S. Westnedge Ave. Portage, MI, 49002	As of the petition filing date, the claim is: \$ <u>11,524.00</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>11,312.00</u>
	<b>Date or dates debt was incurred</b>  Last 4 digits of account number	<b>Basis for the claim:</b> Taxes & Other Government Units	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>		

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## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>4</sup> Priority creditor's name and mailing address Charter Twp. of Union 2010 S. Lincoln Rd. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 4,768.00	\$ 4,768.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>5</sup> Priority creditor's name and mailing address City of Cadillac 200 N. Lake St. Cadillac, MI, 49601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 3,273.00	\$ 3,273.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>6</sup> Priority creditor's name and mailing address City of Gaylord 305 E. Main St. Gaylord, MI, 49735	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,081.00	\$ 1,081.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>7</sup> Priority creditor's name and mailing address City of Midland 333 W. Ellsworth St. Midland, MI, 48640	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 3,073.00	\$ 3,073.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor

Inspired Concepts, LLC  
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## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>8</sup> Priority creditor's name and mailing address City of Mt. Pleasant PO Box 503 Mount Pleasant, MI, 48804	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 7,147.00	\$ 7,147.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>9</sup> Priority creditor's name and mailing address City of Northville Tax Department 44405 Six Mile South Monroe, MI, 48168	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 701.00	\$ 701.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>10</sup> Priority creditor's name and mailing address City of Rochester Hills 1000 Rochester Hills Drive Rochester, MI, 48309	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,462.00	\$ 2,462.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>11</sup> Priority creditor's name and mailing address City of Troy PO Box 554754 Detroit, MI, 48255	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 863.00	\$ 863.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

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## Part 1. Additional Page

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Total claim Priority amount

2. <sup>12</sup> Priority creditor's name and mailing address Dekalb County Treasurer 100 South Main St. Auburn, IN, 46706	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,090.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>13</sup> Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA, 19101-7346	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number 1178	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>14</sup> Priority creditor's name and mailing address Isabella County Treasurer 200 Main St., #245 Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>15</sup> Priority creditor's name and mailing address Michigan Dept. Treasury Business Tax Section PO Box 30427 Lansing, MI, 48909	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 572,864.00	\$ 572,864.00
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number 1178	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

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## Part 1. Additional Page

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Total claim	Priority amount
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2. <sup>16</sup> Priority creditor's name and mailing address Midland County Treasurer 220 N. Ellsworth St. Midland, MI, 48640	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>17</sup> Priority creditor's name and mailing address Oakland County Treasurer 1200 N. Telegraph Building 12E Pontiac, MI, 48341	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>18</sup> Priority creditor's name and mailing address Ogemaw County Treasurer 806 W. Houghton Ave., #103 West Branch, MI, 48661	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>19</sup> Priority creditor's name and mailing address Otsego County Treasurer 225 W. Main St., #107 Gaylord, MI, 49735	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

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## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim	Priority amount
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2. <sup>20</sup> Priority creditor's name and mailing address Saginaw County Treasurer 111 S. Michigan Ave. Room 107 Saginaw, MI, 48602	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>21</sup> Priority creditor's name and mailing address Saginaw Twp. PO Box 6400 Saginaw, MI, 48608	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,110.00	\$ 2,110.00
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>22</sup> Priority creditor's name and mailing address Shiawasee County Treasurer 208 N. Shiawasee, #2 Corunna, MI, 48817	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>23</sup> Priority creditor's name and mailing address Wayne County Treasurer 400 Monroe St. Fifth Floor Detroit, MI, 48226	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

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## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim	Priority amount
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2. <sup>24</sup> Priority creditor's name and mailing address West Bloomfield Twp. 4550 Walnut Lake Rd. West Bloomfield, MI, 48323	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 674.00	\$ 674.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>25</sup> Priority creditor's name and mailing address West Branch Twp. 1705 S Fairview Mulliken, MI, 48861	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 5,223.00	\$ 5,223.00
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. <sup>26</sup> Priority creditor's name and mailing address Wexford County Treasurer 437 E. Division St. Cadillac, MI, 49601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ _____
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	\$ _____	
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

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## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	
		Amount of claim	
3.1	21st Century Media - Michigan PO Box 8003 Willoughby, OH, 44096	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Services	\$ 2,000.00
	Date or dates debt was incurred	12/2019	Is the claim subject to offset?
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Advanced Mechanical Services 19466 18 Mile Rd. Leroy, MI, 49655	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Services	\$ 1,245.00
	Date or dates debt was incurred	03/2019	Is the claim subject to offset?
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Advanced Technology Services 1348 Delta Dr. Saginaw, MI, 48638	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Services	\$ 1,025.00
	Date or dates debt was incurred	10/2019	Is the claim subject to offset?
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Airgas USA 6055 Rockside Woods Blvd. Independence, OH, 44131	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Suppliers or Vendors	\$ 295.00
	Date or dates debt was incurred	12/2019	Is the claim subject to offset?
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	All Season Experts LLC 10351 E. Wing Rd. Shepherd, MI, 48883	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Services	\$ 344.00
	Date or dates debt was incurred	09/2019	Is the claim subject to offset?
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Anytime Septic 671 W. Girard Rd. Saginaw, MI, 48603	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Services	\$ 250.00
	Date or dates debt was incurred	03/2019	Is the claim subject to offset?
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup> Nonpriority creditor's name and mailing address Back of House Services PO Box 95 Owosso, MI, 48867	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 653.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>8</sup> Nonpriority creditor's name and mailing address Bell Landscaping 5247 N. Westervelt Rd. Saginaw, MI, 48604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 300.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>9</sup> Nonpriority creditor's name and mailing address Bestway Co. 3275 Bowman Rd Bay City, MI, 48706	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 260.00
Date or dates debt was incurred 01/2020	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>10</sup> Nonpriority creditor's name and mailing address Brink's U.S. PO Box 619031 Dallas, TX, 75261	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 5,725.00
Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>11</sup> Nonpriority creditor's name and mailing address Cadillac News PO Box 640 130 N. Mitchell St. Cadillac, MI, 49601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 139.00
Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

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## Part 2: Additional Page

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Amount of claim

3. <sup>12</sup> Nonpriority creditor's name and mailing address Capitol One/Spark Business PO Box 30285 Salt Lake City, UT, 84130	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20,000.00
Basis for the claim: Credit Card Debt		
Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>13</sup> Nonpriority creditor's name and mailing address Central Plumbing 600 N. Mission St. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 496.00
Basis for the claim:		
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>14</sup> Nonpriority creditor's name and mailing address CharBhan Holdings, LLC 555 S. Mission St. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,725.00
Basis for the claim: Other		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>15</sup> Nonpriority creditor's name and mailing address Chimney Champ 1003 Sylvan Lane Midland, MI, 48640	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 160.00
Basis for the claim: Services		
Date or dates debt was incurred 12/2019	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>16</sup> Nonpriority creditor's name and mailing address Cintas Corp. 3524 S. Canal Suite C Lansing, MI, 48917	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 596.00
Basis for the claim: Suppliers or Vendors		
Date or dates debt was incurred 01/2020	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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## Part 2: Additional Page

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Amount of claim

3. <sup>17</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Clayton Garrett c/o Sam Bernstein Law Firm 31731 Northwestern Hwy., Suite 333 Farmington, MI, 48334	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 10,000.00
<b>Basis for the claim:</b> Personal Injury		
Date or dates debt was incurred	Is the claim subject to offset?	
2018	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>18</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Clean Earth Environmental 5189 King Hwy. Kalamazoo, MI, 49048	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 295.00
<b>Basis for the claim:</b> Services		
Date or dates debt was incurred	Is the claim subject to offset?	
11/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>19</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Coca-Cola PO Box 102703 Atlanta, GA, 30368	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 4,739.00
<b>Basis for the claim:</b> Suppliers or Vendors		
Date or dates debt was incurred	Is the claim subject to offset?	
08/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>20</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Coldwater Board of Public Utilities One Grand St. Coldwater, MI, 49036	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,987.00
<b>Basis for the claim:</b> Utility Services		
Date or dates debt was incurred	Is the claim subject to offset?	
03/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>21</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Commercial Kitchen Service Co. 704 E. John St. PO Box 567 Bay City, MI, 48707	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 192.00
<b>Basis for the claim:</b> Services		
Date or dates debt was incurred	Is the claim subject to offset?	
12/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

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## Part 2: Additional Page

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Amount of claim

3. <sup>22</sup> Nonpriority creditor's name and mailing address  Compeat, Inc. PO Box 120397 Dallas, TX, 75312	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Restaurant Management Software	\$ 37,773.00
Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>23</sup> Nonpriority creditor's name and mailing address  Consumers Energy PO Box 740309 Cincinnati, OH, 45274	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Utility Services	\$ 30,694.00
Date or dates debt was incurred 01/2020	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>24</sup> Nonpriority creditor's name and mailing address  Conway MacKenzie, Inc. 401 S. Old Woodward Suite 340 Birmingham, MI, 48009	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Financial Services	\$ 40,373.00
Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>25</sup> Nonpriority creditor's name and mailing address  Cozzini Bros. Nationwide Sharpening 350 Howard Ave. Des Plaines, IL, 60018	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 38.00
Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>26</sup> Nonpriority creditor's name and mailing address  Crossroads Digital Outdoor 200 N. Washington Square Suite 440 Lansing, MI, 48933	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Advertising/Marketing	\$ 6,000.00
Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

Debtor

Inspired Concepts, LLC  
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## Part 2: Additional Page

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Amount of claim

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. <sup>27</sup> Cumulus Broadcasting 3653 Momentum Place Chicago, IL, 60689	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 623.00
	<b>Basis for the claim:</b> Services	
Date or dates debt was incurred	Is the claim subject to offset?	
11/2018	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>28</sup> Nonpriority creditor's name and mailing address D. Baker and Son Plumbing 985 E. State Rd. 120 Fremont, IN, 46737	As of the petition filing date, the claim is: Check all that apply.	\$ 255.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Services	
Date or dates debt was incurred	Is the claim subject to offset?	
03/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>29</sup> Nonpriority creditor's name and mailing address DayMark Safety Systems 12836 S. Dixie Hwy. Bowling Green, OH, 43402	As of the petition filing date, the claim is: Check all that apply.	\$ 65.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Services	
Date or dates debt was incurred	Is the claim subject to offset?	
11/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>30</sup> Nonpriority creditor's name and mailing address Direct TV PO Box 5006 Carol Stream, IL, 60197	As of the petition filing date, the claim is: Check all that apply.	\$ 607.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Utility Services	
Date or dates debt was incurred	Is the claim subject to offset?	
12/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>31</sup> Nonpriority creditor's name and mailing address Dover Grease Traps, Inc. 16585 13 Mile Rd. Fraser, MI, 48026	As of the petition filing date, the claim is: Check all that apply.	\$ 2,458.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Services	
Date or dates debt was incurred	Is the claim subject to offset?	
07/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

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Amount of claim

3. <sup>32</sup>	Nonpriority creditor's name and mailing address  Drain Doctors 13000 15 Mile Rd. Marshall, MI, 49068	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 300.00
	Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>33</sup>	Nonpriority creditor's name and mailing address  DTE Energy Attn: Legal Dept. One Energy Plaza Detroit, MI, 48226	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Utility Services	\$ 4,177.00
	Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>34</sup>	Nonpriority creditor's name and mailing address  ECOLAB PO Box 70343 Chicago, IL, 60673	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 3,296.00
	Date or dates debt was incurred 09/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>35</sup>	Nonpriority creditor's name and mailing address  Ecolab Food Safety Specialists 24198 Network Place Chicago, IL, 60673	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 719.00
	Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>36</sup>	Nonpriority creditor's name and mailing address  Elite Steam 620 N. Antler St. Gladwin, MI, 48624	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 350.00
	Date or dates debt was incurred 08/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

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Amount of claim

3. <sup>37</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Elliot Food Equipment 2224 West Willow St. Lansing, MI, 48917	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,142.00
<b>Basis for the claim:</b> Services		
Is the claim subject to offset?		
Date or dates debt was incurred 10/2019	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>38</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 796.00
Empire Heating & Cooling 1117 E. 10 Mile Rd. Madison Heights, MI, 48071	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> Services		
Date or dates debt was incurred 12/2019	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>39</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 125.00
Extreme Power Washing 1044 N. Iva Rd. Hemlock, MI, 48626	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> Services		
Date or dates debt was incurred 10/2019	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>40</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 1,467.00
G&S Mechanical 2736 North Johnson Rd. Weidman, MI, 48893	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> Services		
Date or dates debt was incurred 11/2019	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>41</sup> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 712.00
Gary Hutchinson 2141 Orr Rd. Caro, MI, 48273	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> Services		
Date or dates debt was incurred 01/2020	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. <sup>42</sup>	Nonpriority creditor's name and mailing address  Gordon Food Service 8040 Kensington Ct.  Brighton, MI, 48116	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 997,095.00
	Date or dates debt was incurred 01/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>43</sup>	Nonpriority creditor's name and mailing address  Graheks 515 E. 13th St.  Cadillac, MI, 49601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 2,231.00
	Date or dates debt was incurred 07/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>44</sup>	Nonpriority creditor's name and mailing address  Halo Branded Solutions 3182 Momentum Place Chicago, IL, 60689	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 201.00
	Date or dates debt was incurred 11/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>45</sup>	Nonpriority creditor's name and mailing address  Happy Tappy Draft Beer Services 500 Garfield Ave. Bay City, MI, 48708	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 96.00
	Date or dates debt was incurred 11/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>46</sup>	Nonpriority creditor's name and mailing address  Hoodz 36955 Amrhein Rd. Livonia, MI, 48150	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 800.00
	Date or dates debt was incurred 07/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. <sup>47</sup>	Nonpriority creditor's name and mailing address  IGS Energy PO Box 936626 Atlanta, GA, 31193	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Utility Services	\$ 14,443.00
	Date or dates debt was incurred 09/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>48</sup>	Nonpriority creditor's name and mailing address  Industrial Steam Cleaning 290 University Dr. Pontiac, MI, 48342	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 375.00
	Date or dates debt was incurred 12/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>49</sup>	Nonpriority creditor's name and mailing address  Inspired Concepts Management, LLC 555 S. Mission St. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Other	\$ 59,612.00
	Date or dates debt was incurred 07/2015  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>50</sup>	Nonpriority creditor's name and mailing address  Johnson & Wood 3234 Associates Dr. Burton, MI, 48529	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,489.00
	Date or dates debt was incurred 07/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>51</sup>	Nonpriority creditor's name and mailing address  Johnson Controls Fire Protection Department CH10320 Palatine, IL, 60055	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 4,492.00
	Date or dates debt was incurred 03/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. <sup>52</sup> JPNJ Enterprises, LLC 555 S. Mission St. Mount Pleasant, MI, 48858	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 103,616.00
	<b>Basis for the claim:</b> Other	
Date or dates debt was incurred	09/2015	Is the claim subject to offset?
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>53</sup> JW Shaw Electric 4898 Teddington Dr. West Bloomfield, MI, 48323	As of the petition filing date, the claim is: Check all that apply.	\$ 440.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Services	
Date or dates debt was incurred	03/2019	Is the claim subject to offset?
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>54</sup> Keystone Self Storage 3770 Tittabawassee Rd. Saginaw, MI, 48604	As of the petition filing date, the claim is: Check all that apply.	\$ 9.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Services	
Date or dates debt was incurred	11/2019	Is the claim subject to offset?
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>55</sup> KJ Endeavors, LLC 555 S. Mission St. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply.	\$ 1,409,525.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Other	
Date or dates debt was incurred	01/2018	Is the claim subject to offset?
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>56</sup> LaBelle Management, et al. 405 S. Mission St. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply.	\$ 389,053.00
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Termination of lease damages	
Date or dates debt was incurred	12/2019	Is the claim subject to offset?
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3. <sup>57</sup> Nonpriority creditor's name and mailing address  Lamar Advertising 5321 Corporate Blvd. Baton Rouge, LA, 70896	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Advertising/Marketing	\$ 28,876.00
Date or dates debt was incurred 12/2018	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>58</sup> Nonpriority creditor's name and mailing address  Larry's Lock & Safe Service PO Box 60 Angola, IN, 46703	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 278.00
Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>59</sup> Nonpriority creditor's name and mailing address  Legendary Restaurant Brands 5151 Beltline Rd. Suite 300 Dallas, TX, 75254	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Franchise Obligations	\$ 150,938.00
Date or dates debt was incurred 04/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>60</sup> Nonpriority creditor's name and mailing address  Mahoney Environmental 37458 Eagle Way Chicago, IL, 60678	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 645.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>61</sup> Nonpriority creditor's name and mailing address  Master Draftsman PO Box 358 Potterville, MI, 48876	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 192.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

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Amount of claim

3. <sup>62</sup>	Nonpriority creditor's name and mailing address  Matheson Law Firm 200 Woodland Pass Suite F East Lansing, MI, 48823	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Legal Services	\$ 13,569.00
	Date or dates debt was incurred 09/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>63</sup>	Nonpriority creditor's name and mailing address  McDonald Hopkins PLC 39533 Woodward Ave. Suite 318 Bloomfield Hills, MI, 48304	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Legal Services	\$ 87,128.00
	Date or dates debt was incurred 03/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>64</sup>	Nonpriority creditor's name and mailing address  Medler Electric 2155 Redman Dr. Alma, MI, 48801	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 149.00
	Date or dates debt was incurred 10/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>65</sup>	Nonpriority creditor's name and mailing address  MG Outdoor Services PO Box 5793 Saginaw, MI, 48603	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Advertising/Marketing	\$ 2,100.00
	Date or dates debt was incurred 02/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>66</sup>	Nonpriority creditor's name and mailing address  Michigan Gas Utilities PO Box 3140 Milwaukee, WI, 53201	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Utility Services	\$ 2,220.00
	Date or dates debt was incurred 07/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. <sup>67</sup> Nonpriority creditor's name and mailing address  Mission Impossible Printing PO Box 358 Fowlerville, MI, 48836	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 530.00
Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>68</sup> Nonpriority creditor's name and mailing address  Modernistic 4310 S. Creyts Lansing, MI, 48917	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,416.00
Date or dates debt was incurred 05/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>69</sup> Nonpriority creditor's name and mailing address  Mood Media 2100 S IH-35 Frontage Rd. Suite 200 Austin, TX, 78704	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 5.00
Date or dates debt was incurred 09/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>70</sup> Nonpriority creditor's name and mailing address  Mr. Electric of Central Michigan PO Box 219  Mount Pleasant, MI, 48804	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 276.00
Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>71</sup> Nonpriority creditor's name and mailing address  Murray Shaver 518 Laughton Drive Midland, MI, 48640	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 500.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

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Amount of claim

3. <sup>72</sup> Nonpriority creditor's name and mailing address NCR Corporation 3095 Satellite Blvd. Building 800, 3rd Floor Duluth, GA, 30096	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 220.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>73</sup> Nonpriority creditor's name and mailing address Nelbud 51 Koweba Lane Indianapolis, IN, 46201	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 3,007.00
Date or dates debt was incurred 05/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>74</sup> Nonpriority creditor's name and mailing address Northern Refrigeration 3310 Mills Rd. Prescott, MI, 48756	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,227.00
Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>75</sup> Nonpriority creditor's name and mailing address NUC02 PO Box 9011 Stuart, FL, 34995	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 1,033.00
Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>76</sup> Nonpriority creditor's name and mailing address Outfront Media 185 US Highway 46 Fairfield, NJ, 07004	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 6,000.00
Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

Debtor

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## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>77</sup> Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371887 Pittsburgh, PA, 15250	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 348.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>78</sup> Nonpriority creditor's name and mailing address Playnetwork PO Box 21550 New York, NY, 10087	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 693.00
Date or dates debt was incurred 09/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>79</sup> Nonpriority creditor's name and mailing address Pleasant Graphics 6835 Lea-Pick Dr. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,946.00
Date or dates debt was incurred 02/2018	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>80</sup> Nonpriority creditor's name and mailing address Premier Paper & Supplies 3417 Roger B Chaffee Dr., SE Suite 307 Grand Rapids, MI, 49548	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 73.00
Date or dates debt was incurred 07/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>81</sup> Nonpriority creditor's name and mailing address Priority Health 1231 E. Beltline NE Grand Rapids, MI, 49525	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 18,431.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

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## Part 2: Additional Page

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Amount of claim

3. <sup>82</sup> Nonpriority creditor's name and mailing address  Proforma PO Box 640814 Cincinnati, OH, 45264	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 128.00
Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>83</sup> Nonpriority creditor's name and mailing address  Quality Acquisitions, LLC PO Box 2470 Portage, MI, 49081	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 19,083.00
Date or dates debt was incurred 09/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>84</sup> Nonpriority creditor's name and mailing address  R&M Services 387 E. Fenn Rd. Coldwater, MI, 49036	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 343.00
Date or dates debt was incurred 02/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>85</sup> Nonpriority creditor's name and mailing address  R&M Snow Removal 1060 W. Hibbard Rd. Owosso, MI, 48867	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 840.00
Date or dates debt was incurred 01/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>86</sup> Nonpriority creditor's name and mailing address  Red Book Solutions 4550 S. Windemere St. Englewood, CO, 80110	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:	\$ 299.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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## Part 2: Additional Page

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Amount of claim

3. <sup>87</sup>	Nonpriority creditor's name and mailing address  Rooftop Solutions 2019 Corporate Lane Suite 119 Naperville, IL, 60563	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 181.00
	Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>88</sup>	Nonpriority creditor's name and mailing address  Rose Pest Control PO Box 309 Troy, MI, 48099	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,244.00
	Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>89</sup>	Nonpriority creditor's name and mailing address  SAFE Security 2440 Camino Ramon, #200 San Ramon, CA, 94583	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 120.00
	Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>90</sup>	Nonpriority creditor's name and mailing address  Sequin Lawn 2175 W. Linwood Rd. Linwood, MI, 48634	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 2,124.00
	Date or dates debt was incurred 08/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>91</sup>	Nonpriority creditor's name and mailing address  Shoes for Crews 5000 T-Rex Avenue Suite 100 Boca Raton, FL, 33431	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,549.00
	Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

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## Part 2: Additional Page

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Amount of claim

3. <sup>92</sup>	Nonpriority creditor's name and mailing address  Sign Image 8155 Gratiot Ave. Saginaw, MI, 48609	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,248.00
	Date or dates debt was incurred 08/2018  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>93</sup>	Nonpriority creditor's name and mailing address  Signs by Crannie/Yesco 4145 Market Place Flint, MI, 48507	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 300.00
	Date or dates debt was incurred 09/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>94</sup>	Nonpriority creditor's name and mailing address  Sohn PO Box 22158 Lansing, MI, 48909	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 3,624.00
	Date or dates debt was incurred 11/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>95</sup>	Nonpriority creditor's name and mailing address  Square Toast Technologies, Inc. 5352 King James Way Madison, WI, 53719	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 3,443.00
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>96</sup>	Nonpriority creditor's name and mailing address  Still Cooking Repair, LLC 5131 E. Ward St. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 541.00
	Date or dates debt was incurred 11/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>97</sup>	Nonpriority creditor's name and mailing address  Stuart Frankel Development 1334 Maplelawn Troy, MI, 48084	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,340.00
		Basis for the claim: Lease obligations	
	Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>98</sup>	Nonpriority creditor's name and mailing address  Summit Companies PO Box 6205 Carol Stream, IL, 60197	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,106.00
		Basis for the claim: Services	
	Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>99</sup>	Nonpriority creditor's name and mailing address  Taylor Freeze of Michigan, Inc. 211 Walker Ct. Grand Rapids, MI, 49544	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,145.00
		Basis for the claim: Services	
	Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>100</sup>	Nonpriority creditor's name and mailing address  Teachout Security Solutions G-2348 Stone Bridge Dr. Building H Flint, MI, 48532	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 875.00
		Basis for the claim: Services	
	Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>101</sup>	Nonpriority creditor's name and mailing address  Terminix 150 Peabody Place Memphis, TN, 38103	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 122.00
		Basis for the claim: Services	
	Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

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## Part 2: Additional Page

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Amount of claim

3. <sup>102</sup>	Nonpriority creditor's name and mailing address  The 'Ville 16435 Franklin South Monroe, MI, 48168	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Services	\$ 533.00
	Date or dates debt was incurred 05/2018  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>103</sup>	Nonpriority creditor's name and mailing address  The Key Shop 1804 W. Wackerly St. Midland, MI, 48640	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 124.00
	Date or dates debt was incurred 12/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>104</sup>	Nonpriority creditor's name and mailing address  The TM Group 27555 Executive Dr. Suite 100 Farmington, MI, 48331	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Software/Operating Systems	\$ 1,702.00
	Date or dates debt was incurred 01/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>105</sup>	Nonpriority creditor's name and mailing address  The Tuna Group 956 Northlawn Blvd. Birmingham, MI, 48009	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 75.00
	Date or dates debt was incurred 01/2020  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>106</sup>	Nonpriority creditor's name and mailing address  Toaster Connection International 5 South Lewis St. Metter, GA, 30439	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 179.00
	Date or dates debt was incurred 11/2019  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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## Part 2: Additional Page

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Amount of claim

3. <sup>107</sup>	Nonpriority creditor's name and mailing address  Total-Lee Sports 1575 S. Airway Dr. Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 326.00
	Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>108</sup>	Nonpriority creditor's name and mailing address  Tri-State Carpet PO Box 658 Angola, IN, 46703	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 195.00
	Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>109</sup>	Nonpriority creditor's name and mailing address  Trouble Shooters of Mid-Michigan 1565 Airway Drive Mount Pleasant, MI, 48858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 4,742.00
	Date or dates debt was incurred 10/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>110</sup>	Nonpriority creditor's name and mailing address  Ultimate Landscaping 4283 N. Autumn Ridge Dr. Saginaw, MI, 48603	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 465.00
	Date or dates debt was incurred 02/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. <sup>111</sup>	Nonpriority creditor's name and mailing address  USA Paper and Ribbon 21270 W. 8 Mile Rd. Southfield, MI, 48075	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 496.00
	Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

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## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>112</sup> Nonpriority creditor's name and mailing address  Vanguard Fire and Security Systems PO Box 9218 Grand Rapids, MI, 49509	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 936.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>113</sup> Nonpriority creditor's name and mailing address  Veterans Alarm 5100 Bay City Rd. Midland, MI, 48642	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 335.00
Date or dates debt was incurred 07/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>114</sup> Nonpriority creditor's name and mailing address  Wasserstrom Company PO Box 182056 Columbus, OH, 43218	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 1,181.00
Date or dates debt was incurred 11/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>115</sup> Nonpriority creditor's name and mailing address  Waste Management of Michigan PO Box 4648 Carol Stream, IL, 60197	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 516.00
Date or dates debt was incurred 12/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. <sup>116</sup> Nonpriority creditor's name and mailing address  WEX Bank PO Box 6239 Carol Stream, IL, 60197	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Credit Card Debt	\$ 2,584.00
Date or dates debt was incurred 01/2020	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

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## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>117</sup> Nonpriority creditor's name and mailing address  Wolverine Signs 923 Bradley Owosso, MI, 48867	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,174.00
Basis for the claim: Services		
Date or dates debt was incurred 03/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

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## Part 3:

## List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Richard O. Milster, Esq. 240 W. Main St. Suite 1000 Midland, MI, 48640	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

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**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5a. **Total of claim amounts**

\$ 618,565.00

5b. Total claims from Part 2

5b. **+ \$ 3,561,891.00**

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.

**\$ 4,180,456.00**

Fill in this information to identify the case:

Debtor name	Inspired Concepts, LLC	
United States Bankruptcy Court for the:	Eastern District of Michigan	
Case number (If known):	20-20034	Chapter 11

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Real Property lease, Pixie Restaurant, Mt. Pleasant, MI Lessee</p> <p>State the term remaining</p> <p>September 30, 2024</p> <p>List the contract number of any government contract</p>	<p>LaBelle Limited Partnership</p> <p>405 S. Mission St.</p> <p>Mount Pleasant, MI, 48858</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Real Property Lease, Big Apple Bagel, Midland, MI Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Mart Modern Plaza LLC</p> <p>908 Meadowbrook</p> <p>Midland, MI, 48640</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Real Property Lease, Bennigan's, Mt. Pleasant, MI Lessee</p> <p>State the term remaining</p> <p>September 30, 2024</p> <p>List the contract number of any government contract</p>	<p>Labelle Limited Partnership</p> <p>405 S. Mission St.</p> <p>Mount Pleasant, MI, 48858</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Real Property lease, Ponderosa, Mt. Pleasant, MI Lessee</p> <p>State the term remaining</p> <p>September 30, 2024</p> <p>List the contract number of any government contract</p>	<p>Hospitality Holdings, LLC</p> <p>405 S. Mission St.</p> <p>Mount Pleasant, MI, 48858</p>
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Real Property lease, Italian Oven, Mt. Pleasant, MI Lessee</p> <p>State the term remaining</p> <p>September 30, 2024</p> <p>List the contract number of any government contract</p>	<p>LaBelle Limited Partnership</p> <p>405 S. Mission St.</p> <p>Mount Pleasant, MI, 48858</p>

Debtor Inspired Concepts, LLC Case number (if known) 20-20034

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.6	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Real Property Lease, Smashburger, West Bloomfield, MI Lessee	The Shopping Boardwalk in West Bloomfield, LLC 31731 Northwestern Hwy., Suite 250W Fenwick, MI, 48834
	<b>State the term remaining</b>	January 31, 2022 (est.)	
	<b>List the contract number of any government contract</b>		
2.7	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Real Property Lease, Smashburger, Troy, MI Lessee	Troy Sports Center Properties, LLC 1819 E. Big Beaver Rd. Troy, MI, 48083
	<b>State the term remaining</b>	November 30, 2022	
	<b>List the contract number of any government contract</b>		
2.8	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Real Property lease, Smashburger, Rochester Hills, MI Lessee	Campus Corners Associates Limited Partnership 1334 Maplelawn  Troy, MI, 48084
	<b>State the term remaining</b>	June 30, 2026 (est.)	
	<b>List the contract number of any government contract</b>		
2.9	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Real Estate lease, Noodles & Co., Midland, MI Lessee	D3 Midland LLC 3841 Greenhills Village, Suite 400 Nashville, TN, 37215
	<b>State the term remaining</b>	June 30, 2036	
	<b>List the contract number of any government contract</b>		
2.10	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Equipment Lease: Deli Cases Lessee	CharBhan Holdings, LLC 555 S. Mission St. Mount Pleasant, MI, 48858
	<b>State the term remaining</b>	October 5, 2020	
	<b>List the contract number of any government contract</b>		
2.11	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Equipment Lease: Espresso Machine and related items Lessee	CharBhan Holdings, LLC 555 S. Mission St. Mount Pleasant, MI, 48858
	<b>State the term remaining</b>	June 30, 2022	
	<b>List the contract number of any government contract</b>		
2.12	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Equipment Lease: Refrigeration equipment Lessee	CharBhan Holdings, LLC 555 S. Mission St. Mount Pleasant, MI, 48858
	<b>State the term remaining</b>	April 6, 2020	
	<b>List the contract number of any government contract</b>		

Debtor Inspired Concepts, LLC Case number (if known) 20-20034

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.13	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Real Property lease, Cracked Restaurant, Northville, MI Lessee	Northville Retail Center Phase2, LLC c/o Grand Sakwa Management 28470 13 Mile Rd. Farmington, MI, 48334
	<b>State the term remaining</b>	December 31, 2022 (est.)	
	<b>List the contract number of any government contract</b>		
2.14	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Real Property lease, Noodles & Co., Mt. Pleasant, MI Lessee	MP Note LLC 200 W. Michigan Ave., Suite 201 Kalamazoo, MI, 49007
	<b>State the term remaining</b>	June 30, 2032	
	<b>List the contract number of any government contract</b>		
2.15	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Real Property lease for Big Apple Bagel, Mt. Pleasant, MI Lessee	LaBelle Limited Partnership 405 S. Mission St. Mount Pleasant, MI, 48858
	<b>State the term remaining</b>	December 31, 2025 (est.)	
	<b>List the contract number of any government contract</b>		
2.16	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Lease of Pitney Bowes postage meter Lessee	Pitney Bowes
	<b>State the term remaining</b>	June 30, 2022	
	<b>List the contract number of any government contract</b>		
2.17	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Lease of Office Copier Lessee	Polak Corporation 1400 Keystone Lansing, MI, 48911
	<b>State the term remaining</b>	unknown	
	<b>List the contract number of any government contract</b>		
2._____	<b>State what the contract or lease is for and the nature of the debtor's interest</b>		
	<b>State the term remaining</b>		
	<b>List the contract number of any government contract</b>		
2._____	<b>State what the contract or lease is for and the nature of the debtor's interest</b>		
	<b>State the term remaining</b>		
	<b>List the contract number of any government contract</b>		

Fill in this information to identify the case and this filing:

Debtor Name Inspired Concepts, LLC  
 United States Bankruptcy Court for the: Eastern District of Michigan  
 Case number (If known): 20-20034

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- Amended Schedule \_\_\_\_\_*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration \_\_\_\_\_*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/12/2020  
 MM / DD / YYYY

 /s/ Jeff Neely

Signature of individual signing on behalf of debtor

Jeff Neely

Printed name

Member

Position or relationship to debtor

## Fill in this information to identify the case:

Debtor name	Inspired Concepts, LLC
United States Bankruptcy Court for the: Eastern District of Michigan	
Case number (If known): 20-20034	

Check if this is an amended filing

## Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> MM / DD / YYYY	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 3,550,563.00
<b>For prior year:</b>	From <u>01/01/2019</u> MM / DD / YYYY	to	<u>12/31/2019</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 17,026,937.00
<b>For the year before that:</b>	From <u>01/01/2018</u> MM / DD / YYYY	to	<u>12/31/2018</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 24,115,503.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> MM / DD / YYYY	to	Filing date	\$ 0.00
<b>For prior year:</b>	From <u>01/01/2019</u> MM / DD / YYYY	to	<u>12/31/2019</u> MM / DD / YYYY	\$ 0.00
<b>For the year before that:</b>	From <u>01/01/2018</u> MM / DD / YYYY	to	<u>12/31/2018</u> MM / DD / YYYY	\$ 0.00

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. See Attached SOFA Part 2, Question 3 Creditor's name		\$ 2,166,177.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Natasha Neely Insider's name 555 S. Mission St. Mt. Pleasant, MI 48858		\$ 78,491.97	Wages and benefits for services provided
<b>Relationship to debtor</b>			
Daughter of Members			
4.2. CharBhan Holdings, LLC Insider's name 555 S. Mission St. Mt. Pleasant, MI 48858		\$ 80,260.00	Periodic and regular lease and rent payments
<b>Relationship to debtor</b>			
Affiliate			

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

##### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name			\$ _____

5.2.

Creditor's name \_\_\_\_\_ \$ \_\_\_\_\_

##### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

#### Part 3: Legal Actions or Assignments

##### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Inspired Concepts, LLC v. LADCO, Inc., et al.	Breach of Contract	Isabella Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 19-16069 CB		300 N. Main St. Mount Pleasant, MI 48858	

Case title	Court or agency's name and address	Status of case
7.2. Labelle Limited Partnership, et al. v. Inspired Concepts, LLC, et al.	Isabella Circuit Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Case number	Breach of contract. Judgment en	Court or agency's name and address	Status of case
19-15422		300 N. Main St. Mount Pleasant, MI 48858	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
Custodian's name	Case title	Court name and address
		Name
	Case number	
	Date of order or assignment	

#### Part 4: Certain Gifts and Charitable Contributions

##### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
See Attached SOFA Part 4, Question 9 Recipient's name			\$ 4,233.00
9.1. Recipient's name			\$ _____
Recipient's relationship to debtor			
9.2. Recipient's name			\$ _____
Recipient's relationship to debtor			

#### Part 5: Certain Losses

##### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost	
Fire Damage: Italian Oven, Mt. Pleasant	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	27,199.00	08/04/2019	\$ 27,199.00

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

## Part 6: Certain Payments or Transfers

### 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
--	---	-------	-----------------------

11.1. Grasl PLC  
01/06/2020 \$ 16,000.00

Address

31800 Northwestern Hwy.  
Suite 350  
Farmington, MI 48334

Email or website address

jeff@graslplc.com

Who made the payment, if not debtor?

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

11.2. \_\_\_\_\_ \$ \_\_\_\_\_

Address

Email or website address

Who made the payment, if not debtor?

### 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

Trustee

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. \_\_\_\_\_ \$ \_\_\_\_\_

Address

Relationship to debtor

Who received transfer?

\_\_\_\_\_ \$ \_\_\_\_\_

13.2. \_\_\_\_\_

Address

Relationship to debtor

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
---------	--------------------

14.1. From \_\_\_\_\_ To \_\_\_\_\_

14.2. From \_\_\_\_\_ To \_\_\_\_\_

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. Facility name \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. Facility name \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

## Part 9: Personally Identifiable Information

### 16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- No
- Yes

### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

No. Go to Part 10.

Yes. Fill in below:

Name of plan	Employer identification number of the plan
Inspired Concepts LLC 401(k) Profit Sharing Plan	EIN: 46-4401178

Has the plan been terminated?

- No
- Yes

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. <u>Fifth Third Bank (Closed)</u> Name	<u>XXXX-1855</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>08/28/2019</u>	<u>\$ 0.00</u>
18.2. _____ Name	<u>XXXX-</u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	<u>\$ _____</u>

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____			<input type="checkbox"/> No <input type="checkbox"/> Yes

**Address**

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____			<input type="checkbox"/> No <input type="checkbox"/> Yes

**Address**

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

### Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

#### 21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____

### Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

#### 22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____  <b>Dates business existed</b>  From _____ To _____
25.2. Name		EIN: _____  <b>Dates business existed</b>  From _____ To _____
25.3. Name		EIN: _____  <b>Dates business existed</b>  From _____ To _____

Debtor Inspired Concepts, LLC  
Name \_\_\_\_\_

Case number (if known) 20-20034 \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address		Dates of service
26a.1.	<u>Carrie Hindmon, CPA</u> Name 4295 Okemos Rd., Suite 200, Okemos MI 48864	From <u>01/01/2017</u> To <u>01/10/2020</u>

Name and address		Dates of service
26a.2.	Name _____	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address		Dates of service
26b.1.	<u>Carrie Hindmon, CPA</u> Name 4295 Okemos Rd., Suite 200, Okemos MI 48864	From <u>01/01/2017</u> To <u>01/10/2020</u>

Name and address		Dates of service
26b.2.	Name _____	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	<u>Jeffrey Neely</u> Name 555 S. Mission St., Mt. Pleasant MI 48858	

Debtor Inspired Concepts, LLC  
Name \_\_\_\_\_

Case number (if known) 20-20034 \_\_\_\_\_

**Name and address**

If any books of account and records are  
unavailable, explain why

26c.2. \_\_\_\_\_  
Name \_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1. Fifth Third Bank  
Name \_\_\_\_\_  
c/o Michael Messenger, Esq., 433 N. Summit, 9th Flr., Toledo OH 43604

**Name and address**

26d.2. Mercantile Bank  
Name \_\_\_\_\_  
c/o Andrew Shier, Esq., 99 Monroe Ave. NW., Suite 1100, Grand Rapids MI 49503

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of  
inventory**

**The dollar amount and basis (cost, market, or  
other basis) of each inventory**

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1. \_\_\_\_\_  
Name \_\_\_\_\_

Debtor Inspired Concepts, LLC  
Name

Case number (if known) 20-20034

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
		\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Jeffrey Neely	555 S. Mission St., Mount Pleasant, MI 48858	Member	50
Patti Neely	555 S. Mission St., Mount Pleasant, MI 48858	Member	50

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Jeffrey and Patti Neely Name 555 S. Mission St. Mount Pleasant, MI 48858	184,940.00		Distributions and payment of Health Benefits for period January 2019 - January 10, 2020

Relationship to debtor

Members

Debtor Inspired Concepts, LLC  
Name \_\_\_\_\_

Case number (if known) 20-20034 \_\_\_\_\_

**Name and address of recipient**

30.2

Name \_\_\_\_\_

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No  
 Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No  
 Yes. Identify below.

**Name of the pension fund**

Inspired Concepts LLC 401(k) Profit Sharing Plan

**Employer Identification number of the pension fund**

EIN: 46-4401178

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/12/2020  
MM / DD / YYYY



/s/ Jeff Neely

Printed name Jeff Neely

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes

Debtor Name

Inspired Concepts, LLC

20-20034

Case number (if known) \_\_\_\_\_

Continuation Sheet for Official Form 207

4) Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Levi Martin	555 S. Mission St., Mt.	\$84,665.21
	Pleasant, MI 48858	
KJ Endeavors, LLC	555 S. Mission St., Mt.	\$90,871.00
	Pleasant, MI 48858	
Joshua Neely	555 S. Mission St., Mt.	\$83,511.36
	Pleasant, MI 48858	
Emma Neely	555 S. Mission St., Mt.	\$28,557.90
	Pleasant, MI 48858	

## 7) Legal Actions

**Mercantile Bank of Michigan v. Inspired Concepts, et al.**

19-15986 CK

Breach of Contract

Isabella Circuit Court

300 N. Main St., Mount Pleasant, MI 48858

Pending

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**Ovens, LLC v. Inspired Concepts, LLC**

19-002360 LT

Proceedings for possession. Order of Dismissal entered November 7, 2019 denying relief.

70th District Court

111 S. Michigan Ave., Saginaw, MI 48602

Concluded

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**Ovens, LLC v. Inspired Concepts, LLC, et al.**

19-15901 CB

Breach of Contract. Judgment entered against Debtor December 6, 2019 in amount of \$78,745.

Isabella Circuit Court

300 N. Main St., Mount Pleasant, MI 48858

Concluded

Debtor Name Inspired Concepts, LLCCase number (if known) 20-20034**Continuation Sheet for Official Form 207**

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**LADCO, Inc. v. Inspired Concepts, LLC, et al.**

**1:19-10855 BC**

**Trademark infringement; breach of contract**

**U.S. District Court, E.D. Michigan**

**1000 Washington Ave., Bay City, MI 48708**

**Pending**

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**26d) Creditors**

**LaBelle Management**

**c/o Richard Milster, Esq., 240 William  
St., #1000, Midland MI 48640**